

**Dr. Noreen Long**

*Acupuncture Heals, Chiropractic Restores, InfraRed Relaxes*

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Black Mountain, NC 28711  
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drnooreenlong@me.com

Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Home Tel \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Duties \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

Lifestyle (single, partner, etc.) \_\_\_\_\_ Number of children \_\_\_\_\_

Their names, ages \_\_\_\_\_ Animal Companions \_\_\_\_\_

Who referred you to Dr. Long? \_\_\_\_\_ or other source \_\_\_\_\_

Have you been satisfied with Chiropractic care? \_\_\_\_\_ When was your last visit? \_\_\_\_\_

Have you had an injury this year? NO  YES  If yes, complete page 2.

Are you currently taking prescription medication? NO  YES  If yes, complete page 2.

Are you currently taking nutritional supplements? NO  YES  If yes, complete page 2.

Have you had any surgeries this year? NO  YES  If yes, complete page 2.

Rate your stress level (10 = high, 3 = normal) \_\_\_\_\_ Explain \_\_\_\_\_

Rate your general health (10 = great, 0 = bad) \_\_\_\_\_ Explain \_\_\_\_\_

Describe your diet \_\_\_\_\_ Smoke? Y  N  Caffeine/day \_\_\_\_\_ cups

Are you interested in prevention and long lasting corrective care? Yes  or Acute care only

Financial Policy

- Full Payment is due when services are provided, unless Dr. Long is an in-network provider.
- You must pay your co-pay and deductible at the time services are provided.
- We accept MC, VISA, and interest-free Care Credit credit card payments.
- Returned checks are subject to a \$25.00 service charge.

I agree with Dr. Long's Financial Policy \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
patient/guardian signs here Date